REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 DEC -7 P 12:03

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Elaine Bloom for Congress

ADDRESS (number and street) ☐ Check if different than previously reported.
5255 Collins Ave.

CITY, STATE and ZIP CODE
Miami Beach, FL 33140

STATE/DISTRICT
FL/22

2. FEC IDENTIFICATION NUMBER
C00345405

3. IS THIS REPORT AN AMENDMENT?
☐ YES ☒ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report (Non-election Year Only)
☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
☒ 30-Day Post-Election Report following the General Election on 11/7/00 in the State of Florida
☐ Termination Report

This report contains activity for ☐ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 10/19/00 through 11/27/00		
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	$198,159.47	$1,444,505.28
	(b) Total Contribution Refunds (from Line 20(d))	$1,750.00	$6,668.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	$196,409.47	$1,437,837.28
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	$251,470.76	$2,228,306.73
	(b) Total Offsets to Operating Expenditures (from Line 14)	$182.97	$2,532.31
	(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$251,287.79	$2,225,774.42
8.	Cash on Hand at Close of Reporting Period (from Line 27)	$11,535.28	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$280,100.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Richard A. Berkowitz

Signature of Treasurer

Date
12/6/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3
(revised 4/87)

PRESIDENTIAL

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full)
Elaine Bloom for Congress

Report Covering the Period:
From: 10/19/00 To: 11/27/00

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	$81,330.92		11(a)(i)
(ii) Unitemized	$25,475.56		11(a)(ii)
(iii) Total of contributions from Individuals	$106,806.48	$1,083,564.54	11(a)(iii)
(b) Political Party Committees	$0.00	$3,532.25	11(b)
(c) Other Political Committees (such as PACs)	$91,352.99	$353,944.70	11(c)
(d) The Candidate	$0.00	$3,443.79	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	$198,159.47	$1,444,505.28	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	$0.00	$0.00	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	$15,000.00	$175,000.00	13(a)
(b) All Other Loans	$0.00	$0.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	$15,000.00	$175,000.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	$182.97	$2,532.31	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	$55.90	$24,111.14	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	$213,398.34	$1,646,148.73	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	$251,470.76	$2,228,308.73	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	$0.00	$0.00	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	$0.00	$0.00	19(a)
(b) Of All Other Loans	$0.00	$0.00	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	$0.00	$0.00	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	$1,750.00	$6,668.00	20(a)
(b) Political Party Committees	$0.00	$0.00	20(b)
(c) Other Political Committees (such as PACs)	$0.00	$0.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	$1,750.00	$6,668.00	20(d)
21. OTHER DISBURSEMENTS	$1,000.00	$2,026.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	$254,220.76	$2,236,002.73	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	$ 53,357.70	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	$ 213,398.34	24
25. SUBTOTAL (add Line 23 and Line 24)	$ 266,756.04	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	$ 255,220.76	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	$ 11,535.28	27

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 31

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Georgina Angones 1203 Santonia Street Coral Gables, FL 33146	Occupation: Homemaker	10/25/00	$500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date: $500.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert Arnold 5843 Vallejo Street Emeryville, CA 94608	Sybase Inc. Occupation: Systems Administratorg	10/19/00	$500.00 *
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date: $500.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organ Occupation: Conduit total: $6,377.00	10/19/00	MEMO $500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Sallie Balogh 447 Arthur Godfrey Road Miami Beach, FL 33140	Retired Occupation	10/27/00	$250.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date: $250.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Anne Bartley 3580 Clay Street San Francisco, CA 94118	Self Occupation: Investor	10/24/00	$500.00 *
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date: $500.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
The Honorable Nancy Pelosi PAC to the Future 268 Bush Street San Francisco, CA 94104	Note: Above Contribution earmarked through this organ Occupation	10/24/00	MEMO $500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $ 500.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional)	$1,750.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 31
	FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Eugene Baskl 5255 Collins Avenue #2J Miami Beach, FL 33140	Occupation	11/1/00	$250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $ $250.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jo Ann Bass 11 Washington Ave. Miami Beach, FL 33139	Joe's Stone Crab Restaurant Occupation: Business Executive	10/30/00	$250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $ $250.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David Benjamin 1100 Lee Wagner Blvd. Suite 304 Ft. Lauderdale, FL 33315	INFORMATION Occupation: REQUESTED	11/2/00	$1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $ $1,000.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Marshall Berkson 111 Palm Ave. Palm Island Miami Beach, FL 33139	Retired Occupation	11/1/00	$250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $ $250.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joanne Besner 19707 NE 38th Court PH F Aventura, FL 33180	Retired Occupation	10/20/00	$300.00 *
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $ $300.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Jason Silberberg NJDC PAC PO Box 75308 Washington, DC 20013	Note: Above Contribution Occupation: earmarked through this organ	10/20/00	MEMO $300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $1,885.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$2,050.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 31

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lettie Bien 4660 Pine Drive Miami, FL 33143 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self Occupation: Attorney Aggregate Year-to-Date: $250.00	11/1/00	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Irma Braman 1 Indian Creek Drive Indian Creek Village, FL 33154 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Community Leader Occupation: Community Leader Aggregate Year-to-Date: $1,000.00	10/23/00	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
BUFC Financial Services, Inc. 7815 N.W. 148th Street Hialeah, FL 33016 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date: $2,000.00	11/8/00	$2,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Carr 12864 Biscayne Blvd. Miami, FL 33181 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Carr Amusements Occupation: Owner Aggregate Year-to-Date: $500.00	11/8/00	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robyn Cassel 540 Leucadendra Dr Coral Gables, FL 33156 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Homemaker Occupation Aggregate Year-to-Date: $500.00	11/1/00	$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard Ceva 1865 Brickell Avenue, Suite Z Miami, FL 33129 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cambridge Capitol Corporation Occupation Aggregate Year-to-Date: $1,000.00	11/5/00	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$5,250.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 31
	FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Abraham Chames 5978 SW 37th Avenue Fort Lauderdale, FL 33312 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation	10/23/00	$500.00
	Aggregate Year-to-Date > $	$500.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Huei Jung Chen 12 Beekman Pl. No.10F New York, NY 10022 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: GS Occupation: Bond Sales Aggregate Year-to-Date > $	11/3/00	$500.00
		$500.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Aurora Wong Chu 205 13th Street Suite 3168 San Francisco, CA 94103 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Apex Solutions Occupation: Consultant/ Accountant Aggregate Year-to-Date > $	10/25/00	$1,000.00 *
		$1,000.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
The Honorable Nancy Pelosi PAC to the Future 268 Bush Street San Francisco, CA 94104 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: Note: Above Contribution Occupation: earmarked through this organ Aggregate Year-to-Date > $	10/25/00	MEMO $1,000.00
	Conduit total: $10,500.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Norman Cohen 2127 Brickell Ave., #3501 Miami, FL 33129 Receipt For: ☐ Primary ☐ General ☐ Other (specify): X	Name of Employer: Security Plastics Occupation: Financial Exec Aggregate Year-to-Date > $	11/27/00	$100.00
		$500.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jerome Cohen 11111 Biscayne Blvd. #227 Miami, FL 33161 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: Mego Financial Corp. Occupation: Chairman/Exec Aggregate Year-to-Date > $	10/26/00	$250.00
		$250.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$2,350.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 OF 31
	FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Cohen 4842 Fisher Island Dr. Fisher Island, FL 33109	Retired	11/1/00	$1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		$2,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Steven Cook 815 Club Hills Drive Eustis, FL 32726	Self	11/6/00	$500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation CRNA Aggregate Year-to-Date > $		$1,250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ira Cor 7870 NW 11th Place Plantation, FL 33322	Self	10/27/00	$500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Licensed Real Estate Broker Aggregate Year-to-Date > $		$500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David Deehl 2600 Douglas Road #1007 Coral Gables, FL 33134	Deehl & Carlson	10/23/00	$500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Attorney Aggregate Year-to-Date > $		$500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lynn Diamond 44 E. 67th St. New York, NY 10021	Self	10/27/00	$250.00 *
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Real Estate Manager Aggregate Year-to-Date > $		$350.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005	Note: Above Contribution earmarked through this organ	10/27/00	MEMO $250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $337.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$2,750.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6 OF 31

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Louise Dickinson 1 Park Avenue Dallas, PA 18612 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Retired Occupation: Retired Aggregate Year-to-Date > $ $500.00	10/26/00	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
M. Donohue 3117 Lakeshore Drive Deerfield Beach, FL 33442 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self Occupation: Attorney Aggregate Year-to-Date > $ $500.00	11/9/00	$500.00 *
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Note: Above Contribution earmarked through this organ Occupation: Conduit total: $6,327.00 Aggregate Year-to-Date > $	11/9/00	MEMO $500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Charles Eastman 6336 SW 30th Street Hollywood, FL 33023 Receipt For: ☐ Primary ☒ General ☐ Other (specify): X	Occupation Aggregate Year-to-Date > $ $500.00	10/19/00	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gloria Einstein 2937 Braemar Drive Jacksonville, FL 32257 Receipt For: ☐ Primary ☒ General ☐ Other (specify): X	Jacksonville Area Legal Aid, Inc. Occupation: attorney Aggregate Year-to-Date > $ $250.00	11/3/00	$200.00 *
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
MoveOn.org P.O. Box 9063 Berkeley, CA 94709- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Note: Above Contribution earmarked through this organ Aggregate Year-to-Date > $2,720.00	11/3/00	MEMO $200.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$1,450.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 7 OF 31

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Uri Eliav 333 NW 70 Ave., Ste. 203 Plantation, FL 33317 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self / Dentist / $500.00	10/24/00	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Andres Fanjul 340 Royal Poinciana Plaza Suite 316 Palm Beach, FL 33480 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Florida Crystals Corp. / Vice President / $1,000.00	11/3/00	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alvin Feder 532 West Beech Street Long Beach, NY 11561 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self / Attorney / $250.00	11/3/00	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Eleanor Fenton 36 Eagle Ridge Road Saint Paul, MN 55127 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Retired / / $100.00	10/31/00	$100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kevin Flannagan 1660 NW 65th Avenue, Suite 5 Fort Lauderdale, FL 33313 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	C & F Electric, Inc / Engineer Executive / $300.00	11/3/00	$300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Shawn Friedkin PO Box 3051 Boca Raton, FL 33431 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self-employed / / $1,000.00	11/6/00	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$2,900.00
TOTAL This Period (last page this line number only)	

FEC/N3/SP/DF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 31

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John Fuller 1111 Lincoln Road Penthouse 802 Miami Beach, FL 33139 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Fuller, Mallah & Associates, PA Attorney $1,200.00	10/30/00	$750.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lee Ganz 5255 Collins Avenue #9G Miami Beach, FL 33140 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	$250.00	10/23/00	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alice Germond 36 East Shenandale Road Charlea Town, WV 25414 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	NARAL Executive Vice President $250.00	10/23/00	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ruth Ghitis 3710 N. 37th Terrace Hollywood, FL 33021 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	$1,000.00	11/21/00	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Goldman 2520 Union Street San Francisco, CA 94123 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Certain Software Inc. Software Developer $500.00	11/10/00	$500.00 *
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
The Honorable Nancy Pelosi PAC to the Future 268 Bush Street San Francisco, CA 94104 ☐ Primary ☐ General ☐ Other (specify):	Note: Above Contribution Earmarked through this organ $1,000.00	11/10/00	MEMO $500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$2,750.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lisa Goldman 2520 Union Street San Francisco, CA 94123 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Homemaker Occupation: Homemaker Aggregate Year-to-Date > $ $500.00	11/10/00	$500.00 *
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
The Honorable Nancy Pelosi PAC to the Future 268 Bush Street San Francisco, CA 94104 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Note: Above Contribution earmarked through this organ Occupation: Conduit total: $10,500.00 Aggregate Year-to-Date > $	11/10/00	MEMO $500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Peg Gorson 10155 Collins Ave #205 Bal Harbour, FL 33154 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ $300.00	10/23/00	$300.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Eileen Growald 1611 Harbor Road Shelburne, VT 05482 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	N/A Occupation: Homemaker/ Community Activ Aggregate Year-to-Date > $	10/24/00	$1,000.00 *
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
The Honorable Nancy Pelosi PAC to the Future 268 Bush Street San Francisco, CA 94104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Note: Above Contribution earmarked through this organ Aggregate Year-to-Date > $ Conduit total: $10,500.00	10/24/00	MEMO $1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Paul Growald 1 Belmont Avenue San Francisco, CA 94111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self employed Occupation Aggregate Year-to-Date > $	10/24/00	$1,000.00 *
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$2,000.00
TOTAL This Period (last page this line number only)	

FEC Form 3P

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
The Honorable Nancy Pelosi PAC to the Future 268 Bush Street San Francisco, CA 94104 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Note: Above Contribution earmarked through this organ Conduit total: $10,500.00 Aggregate Year-to-Date > $	10/24/00	MEMO $1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Louise Gund 558 Santa Barbara Road Berkeley, CA 94707 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self Community Activist Aggregate Year-to-Date > $ $1,000.00	11/5/00	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lee Halprin 104 Irving Street Cambridge, MA 02138 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Retired Retired Aggregate Year-to-Date > $ $1,000.00	11/1/00	$1,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Beatrix Hamburg 1140 5th Avenue #13A New York, NY 10128 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	WT Grant Foundation Executive Aggregate Year-to-Date > $ $250.00	10/31/00	$250.00 *
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Note: Above Contribution Conduited through this organ Aggregate Year-to-Date > $ 3,347.00	10/31/00	MEMO $250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Arnold Hantman 16141 Aberdeen Way Miami Lakes, FL 33014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self CEO Aggregate Year-to-Date > $	11/1/00	$500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$2,750.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 11 OF 31

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Harding-Jones 1717 N Bayshore Drive #1836 Miami, FL 33132 Receipt For: Primary [ ] General [X] Other (specify):	N/A / N/A / $300.00	10/25/00	$100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alan Heilig 1600 NE 114 Street, Apt. 806 Miami, FL 33181 Receipt For: Primary [ ] General [X] Other (specify):	Retired / Retired / $2,200.00	10/30/00	$750.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Morris Heilig 5660 Pine Tree Drive Miami Beach, FL 33140 Receipt For: Primary [ ] General [X] Other (specify):	Retired / Retired / $700.00	10/30/00	$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sherri Heller 888 Brickell Avenue Suite 202 Miami, FL 33131 Receipt For: Primary [ ] General [X] Other (specify):	/ / $500.00	10/23/00	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Helen Hoffman 150 Bradley Place #616 Palm Beach, FL 33480 Receipt For: Primary [ ] General [X] Other (specify):	Self Employed / Fundraising: Event Expense / $600.00	10/30/00	$100.00 *
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Helen Hoffman 150 Bradley Place #616 Palm Beach, FL 33480 Receipt For: Primary [ ] General [X] Other (specify):	Self Employed / / $600.00	10/24/00	$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary [ ] General [ ] Other (specify):	/ /		

SUBTOTAL of Receipts This Page (optional)	$2,450.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Tibor Hollo PO Box 012949 Miami, FL 33101 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Florida East Coast Realty Occupation: Real Estate Aggregate Year-to-Date > $ $250.00	11/21/00	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Javier Holtz 94 La Gorce Circle Miami Beach, FL 33141 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ $1,000.00	11/2/00	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Leland Hunter 7891 SW 180th Street Miami, FL 33157 Receipt For: ☐ Primary ☒ General ☐ Other (specify): X	Leland Hunter Management Occupation: Business Executive Aggregate Year-to-Date > $ $500.00	10/20/00	$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Eric Isicoff 7900 Beach View Drive North Bay Village, FL 33141 Receipt For: ☐ Primary ☒ General ☐ Other (specify): X	Isicoff & Ragatz, PA Occupation: Attorney Aggregate Year-to-Date > $ $250.00	11/3/00	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David Israel 8405 NW 40th Court Fort Lauderdale, FL 33351 Receipt For: ☐ Primary ☒ General ☐ Other (specify): X	Bell South Occupation Aggregate Year-to-Date > $ $500.00	11/6/00	$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Jacobs 135 E. End Drive Key Biscayne, FL 33149 Receipt For: ☐ Primary ☒ General ☐ Other (specify): X	Jeffrey A. Jacobs, P.A. Occupation: Attorney Aggregate Year-to-Date > $	11/8/00	$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$3,000.00
TOTAL This Period (last page this line number only)	

FE5AN07SP0F

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jeanne Jacobson 1521 South Lakeshore Drive Sarasota, FL 34231 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self / Writer/Researcher / $400.00	10/23/00	$100.00 *
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Note: Above Contribution earmarked through this organ / Conduit total: $6,327.00 / $	10/23/00	MEMO $100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Doran Jason 5010 NW 93rd Doral PL Miami, FL 33178-2068 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	The Doran Jason Group / President / $2,000.00	10/25/00	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jesse Kehres 25623 W Camino Vista Hayward, CA 94541 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Retired / Engineer / $400.00	10/31/00	$100.00 *
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Note: Above Contribution earmarked through this organ / Conduit total: $6,327.00	10/31/00	MEMO $100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stuart Kessler 3720 NE 201 ST Aventura, FL 33180 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	/ / $	10/19/00	$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	/ / $		

SUBTOTAL of Receipts This Page (optional)	$1,700.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Maxene Kleier 1980 S. Ocean Dr., Apt. 15-P Hallandale, FL 33009 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Retired Retired $550.00	11/1/00	$50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Maxene Kleier 1980 S. Ocean Dr., Apt. 15-P Hallandale, FL 33009 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Retired Retired $550.00	11/1/00	$100.00 *
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Note: Above Contribution earmarked through this organ Conduit total: $8,327.00 $	11/1/00	MEMO $100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Russell Kienet 515 Southeast Seventh Street Fort Lauderdale, FL 33301 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self Government Relations Consu $1,000.00	11/8/00	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David Knobel 16226 Erie Place Fort Lauderdale, FL 33331 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Florida Computer and Buisness School President $	10/26/00	$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Rickie Knobel 2000 Towneside Terr., #1912 Miami, FL 33138 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self Investment Advisor $500.00	10/30/00	$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	$		

SUBTOTAL of Receipts This Page (optional)	$2,150.00
TOTAL This Period (last page this line number only)	

FE5ANY(6/P.0#

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Werner Kramarsky 33 East 70th Street New York, NY 10021 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Retired / Retired / $800.00	11/8/00	$300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Walter Kropf 1950 S. Ocean Drive Hallandale, FL 33009 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Retired / Retired / $500.00	10/26/00	$300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Peggy Kumble 99 Silver Spring Road Wilton, CT 06897 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Homemaker / / $1,000.00	11/3/00	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kevin Lanigan 6 Fairway Maywood, NJ 07607 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Superior Bank / Banker / $250.00	11/3/00	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Nell Leach 216 Valley Hill Road Riverdale, GA 30274 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Multifocal Rx / / $	10/23/00	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Lee 39 Sears Road Brookline, MA 02445 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self / Social Activist / $	10/20/00	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	/ / $		

SUBTOTAL of Receipts This Page (optional)	$3,850.00
TOTAL This Period (last page this line number only)	

FEMA/SP/DF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 16 OF 31

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert Levenson 8001 SW 108th Street Miami, FL 33156 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Merrill Lynch Stockbroker $ $500.00	11/6/00	$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Felice Lipton 5255 Collins Avenue Miami, FL 33140 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Community Activist $ $250.00	10/27/00	$100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Mahoney PO Box 3387 Palm Beach, FL 33480 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Real Estate $ $1,000.00	10/31/00	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard Mellard 300 Biscayne Blvd., Suite 100 Miami, FL 33131 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Tecton, Inc Business Executive $ $250.00	11/3/00	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ramiro Martinez 8730 SW 75 Terrace Miami, FL 33143 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Florida International University Educator $ $550.00	10/29/00	$100.00 *
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Note: Above Contribution Earmarked through this organ $ $5,397.00	10/29/00	MEMO $100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	$		

SUBTOTAL of Receipts This Page (optional)	$1,950.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 17 OF 31

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James Maynor 10162 Dasheen Ave Palm Bch Gdns, FL 33410 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Retired * In-Kind: Event Costs Occupation Aggregate Year-to-Date > $ $270.67	10/30/00	$270.67 *
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Leo McCarthy 400 Magellan Avenue San Francisco, CA 94116 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Pac to the Future Occupation Treasurer Aggregate Year-to-Date > $ $1,000.00	10/24/00	$1,000.00 *
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
The Honorable Nancy Pelosi PAC to the Future 268 Bush Street San Francisco, CA 94104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Note: Above Contribution earmarked through this organ Occupation Conduit total: $10,500.00 Aggregate Year-to-Date > $	10/24/00	MEMO $1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Douglas McGuire 9102 Great Heron Circle Orlando, FL 32836 Receipt For: ☐ Primary ☐ General ☐ Other (specify): X	Self Occupation Management Government Relati Aggregate Year-to-Date > $ $250.00	11/3/00	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Philip Mirmelli 6500 North Bay Road Miami, FL 33141 Receipt For: ☐ Primary ☐ General ☐ Other (specify): X	Self Occupation Physician Aggregate Year-to-Date > $ $500.00	10/31/00	$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Madeline Mixer 76 Bonnie Lane Berkeley, CA 94708 Receipt For: ☐ Primary ☐ General ☐ Other (specify): X	Retired Occupation Aggregate Year-to-Date > $	11/2/00	$250.00 *
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$2,270.67
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 16 OF 31

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committees.

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Note: Above Contribution earmarked through this organ Conduit total: $6,327.00 Aggregate Year-to-Date > $	11/2/00	MEMO $250.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard Mondre 3711 N. 55th Avenue Hollywood, FL 33021 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Executive VP & General Coun Aggregate Year-to-Date > $ $1,000.00	10/29/00	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Sara Morgan 2121 Kirby Drive #99 Houston, TX 77019 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Homemaker Aggregate Year-to-Date > $ $500.00	11/2/00	$500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Note: Above Contribution earmarked through this organ Conduit total: $6,327.00 Aggregate Year-to-Date > $	11/2/00	MEMO $500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Melvin Morgenstern PO Box 143228 Coral Gables, FL 33114 Receipt For: ☐ Primary ☐ General ☐ Other (specify): ☒	Occupation Aggregate Year-to-Date > $	11/6/00	$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Yiska Moser 720 Lugo Avenue Coral Gables, FL 33156 Receipt For: ☐ Primary ☐ General ☐ Other (specify): ☒	Occupation Aggregate Year-to-Date > $	10/24/00	$250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$2,750.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 19 OF 31

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arnold Nachmanoff Nachmanoff Associates, Ltd. 3700 North Woodstock Street Arlington, VA 22207	Nachmanoff Associates, Ltd.	11/1/00	$200.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: President	Aggregate Year-to-Date: $700.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Peter Newman 340 Cardinal Street Miami Springs, FL 33166	Dade County PBA	10/20/00	$150.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Chaplain	Aggregate Year-to-Date: $250.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joseph Nubla 502 Morro Court San Mateo, CA 94404	Recycling Company	10/24/00	$1,000.00 *
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Vice President	Aggregate Year-to-Date: $1,000.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
The Honorable Nancy Pelosi PAC to the Future 268 Bush Street San Francisco, CA 94104	Note: Above Contribution	10/24/00	MEMO $1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Earmarked through this organ	Aggregate Year-to-Date: $10,500.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Walter Nyberg 5054 - 31st Avenue S. Minneapolis, MN 55417	Retired	10/31/00	$200.00 *
Receipt For: ☐ Primary ☐ General ☒ Other (specify): X	Occupation	Aggregate Year-to-Date: $	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Walter Nyberg 5054 - 31st Avenue S. Minneapolis, MN 55417	Retired	10/27/00	$200.00 *
Receipt For: ☐ Primary ☐ General ☒ Other (specify): X	Occupation	Aggregate Year-to-Date: $400.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

SUBTOTAL of Receipts This Page (optional)	$1,750.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
PeacePac 110 Maryland Ave., NE Washington, DC 20002 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Note: Above Contribution earmarked through this organ Conduit total: $251.00 Aggregate Year-to-Date > $	10/31/00	MEMO $200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jason Silberberg NJDC PAC PO Box 75908 Washington, DC 20013- Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Note: Above Contribution earmarked through this organ Conduit total: $1,605.00 Aggregate Year-to-Date > $	10/27/00	MEMO $200.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Rosie O'Donnell 500 Lake Street, Suite D Ramsey, NJ 07446 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Lucky Charms Entertainment, Inc. Talk show host Aggregate Year-to-Date > $	10/20/00	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael Olin 25 West Flagler Street, Suite 800 Miami, FL 33130 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Podhurst, Orseck et al Attorney Aggregate Year-to-Date > $	11/6/00	$750.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Paul Palmer 4651 NE 13 Terrace Fort Lauderdale, FL 33334 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Self Aggregate Year-to-Date > $	11/9/00	$300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Paul Palmer 4651 NE 13 Terrace Fort Lauderdale, FL 33334 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Self Aggregate Year-to-Date > $	10/20/00	$50.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$2,100.00
TOTAL This Period (last page this line number only)	

FE6AN01P.PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Aaron Podhurst 18200 W. Prestwick Place Miami Lakes, FL 33014 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Podhurst, Orseck et al Occupation: Attorney Aggregate Year-to-Date > $ $1,000.00	11/5/00	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David Polansky 1205 Weeping Willow Way Hollywood, FL 33019 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	G & H Capitol Partners Occupation: Project Manager Aggregate Year-to-Date > $ $350.00	11/3/00	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Anna Lee Porter 4736 N Bay Road Miami Beach, FL 33140 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Retired Aggregate Year-to-Date > $ $1,000.00	10/25/00	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Frederick Potter 3904 Millcreek Road Haymarket, VA 20169 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Information Resources, Inc. Occupation: President Aggregate Year-to-Date > $ $1,000.00	10/25/00	$1,000.00 *
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
The Honorable Richard Gephardt 607 14th Street NW, Suite 800 Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Note: Above Contribution Earmarked through this organ Aggregate Year-to-Date > $ Capitol total: $1,000.00	10/25/00	MEMO $1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mortimer Propp 405 Park Avenue New York, NY 10022 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self employed Occupation: Business Executive Aggregate Year-to-Date > $	11/6/00	$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$3,750.00
TOTAL This Period (last page this line number only)	

FE6AN01SP.PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Teresa Ragatz 3941 Crawford Avenue Miami, FL 33133 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Isicoff & Ragatz, PA Attorney $250.00	11/3/00	$250.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
James Rampe 2301 Ne 13th Street Fort Lauderdale, FL 33304 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Retired $270.00	10/20/00	$200.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Stuart Ratzan 3524 E. Fairview Street Miami, FL 33133 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self Attorney $1,000.00	11/1/00	$1,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Alan Rauzin 4535 Nautilus Court Miami Beach, FL 33140 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self Real Estate Broker $250.00	10/30/00	$150.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jerome Reich 2223 NE 203rd Terrace Miami Beach, FL 33180 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self Physician $300.00	10/25/00	$100.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Evan Clark Reynolds 1900 Sunset Harbour Drive 2302 Miami, FL 33139 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Human Rights Foundation Executive Director $500.00	10/27/00	$500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	$		

SUBTOTAL of Receipts This Page (optional)	$2,200.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Richard 825 Brickell Bay Drive Tower III- 17th floor Miami, FL 33131 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Richard and Richard Occupation: Attorney Aggregate Year-to-Date > $ $1,000.00	10/29/00	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Susan Bell Richard 825 Brickell Bay Drive Tower III- 17th floor Miami, FL 33131 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $ $1,000.00	10/29/00	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Brenda Rivers 3627 Douglas Road Coconut Grove, FL 33133 Receipt For: ☐ Primary ☐ General ☐ Other (specify): X	Carrie Concessions Occupation: Business Owner Aggregate Year-to-Date > $ $500.00	10/20/00	$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Abby Rockefeller 104 Irving Street Cambridge, MA 02136 Receipt For: ☐ Primary ☐ General ☐ Other (specify): X	Aggregate Year-to-Date > $ $1,000.00	11/1/00	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Natan Rok 48 E. Flagler Street Penthouse #105 Miami, FL 33131 Receipt For: ☐ Primary ☐ General ☐ Other (specify): X	Rok Properties Occupation: owner Aggregate Year-to-Date > $ $500.00	11/5/00	$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Natan Rok 48 E. Flagler Street Penthouse #105 Miami, FL 33131 Receipt For: ☐ Primary ☐ General ☐ Other (specify): X	Rok Properties Occupation: owner Aggregate Year-to-Date > $ $500.00	10/31/00	$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$4,500.00
TOTAL This Period (last page this line number only)	

FEC/FORM/P3/F

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 24 OF 31

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Ellis Rose 4870 N Hills Drive Hollywood, FL 33021 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $	11/3/00 $250.00	$250.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joel Rosenthal Courthouse Express Couriers, Inc. 19 West Flagler Street Miami, FL 33130 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Courthouse Express Couriers * In-Kind: Courier Service Occupation Owner Aggregate Year-to-Date > $	11/7/00 $1,293.25	$475.75 *
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joel Rosenthal Courthouse Express Couriers, Inc. 19 West Flagler Street Miami, FL 33130 Receipt For: ☐ Primary ☐ General X ☐ Other (specify):	Courthouse Express Couriers * In-Kind: Courier Services Occupation Owner Aggregate Year-to-Date > $	10/19/00 $1,293.25	$134.50 *
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Larry Rosenthal 2432-C S. Walter Reed Drive Arlington, VA 22206 Receipt For: ☐ Primary ☐ General X ☐ Other (specify):	Wheat & Associates, LLC Occupation Senior Vice President Aggregate Year-to-Date > $	11/27/00 $500.00	$500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Alta Ross 6051 N Ocean Drive #906 Hollywood, FL 33019 Receipt For: ☐ Primary ☐ General X ☐ Other (specify):	Occupation Aggregate Year-to-Date > $	11/1/00 $250.00	$250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Stephen Saulo FIU Division of Academic Affairs University Park, PC 519 Miami, FL 33199 Receipt For: ☐ Primary ☐ General X ☐ Other (specify):	Florida International University Occupation Vice Provost Aggregate Year-to-Date > $	11/6/00 $250.00	$250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$1,860.25
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 25 OF 31

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Sawitz 4474 Nautilus Drive Miami, FL 33140 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ $250.00	10/30/00	$250.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Marcia Schantz 1900 Sunset Harbor Drive Miami, FL 33139 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Self Occupation: Community Activist Aggregate Year-to-Date > $ $1,000.00	11/1/00	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Debra Schwartz 5680 Pine Tree Drive Miami Beach, FL 33140 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Florida House Occupation: Legislative Aide Aggregate Year-to-Date > $ $1,000.00	11/3/00	$750.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gerald Schwartz 800 Alton Road, #505 Miami Beach, FL 33139 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Self-Employed Occupation: Attorney Aggregate Year-to-Date > $ $250.00	11/3/00	$250.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Rebecca Schwartz 2421 Lake Pancoast #2C Miami Beach, FL 33140 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Miami Beach Transportation Occupation: Management Asst. Transpo Aggregate Year-to-Date > $ $200.00	11/6/00	$200.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Frank Scruggs 2454 Arbor Drive Fort Lauderdale, FL 33312 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Self Occupation: Attorney Aggregate Year-to-Date > $ $250.00	11/9/00	$250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) $2,700.00

TOTAL This Period (last page this line number only) .....

FE6AN(v6)PDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 25 OF 31

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard Sepler 2997 Day Avenue Miami, FL 33133 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self / Attorney / $250.00	10/25/00	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John Shapiro 999 NE 125 Street North Miami, FL 33161 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	/ / $1,000.00	10/31/00	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alan Silva 5800 NE 20th Ave. Fort Lauderdale, FL 33308 Receipt For: ☐ Primary ☐ General ☐ Other (specify): X	Retired / Retired / $225.00	10/29/00	$25.00 *
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alan Silva 5800 NE 20th Ave. Fort Lauderdale, FL 33308 Receipt For: ☐ Primary ☐ General ☐ Other (specify): X	Retired / Retired / $225.00	10/19/00	$50.00 *
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Note: Above Contribution / Earmarked through this organ / [illegible]	10/29/00	MEMO $25.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Note: Above Contribution / Earmarked through this organ / [illegible]	10/19/00	MEMO $50.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$1,325.00
TOTAL This Period (last page this line number only)	

FEC Form 3P

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 27 OF 31

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Leon Simkins 9999 Collins Ave., #P1-H Bal Harbour, FL 33154 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Simkins Industries Owner $1,000.00	10/31/00	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Serena Simkins 9999 Collins Avenue PH-1 Bal Harbour, FL 33154 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self Homemaker $1,000.00	10/31/00	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Eric Sisser 2665 S. Bayshore Drive Suite 1200 Coconut Grove, FL 33133 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Self Government Relations Consu $1,000.00	11/1/00	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lisa Sloat 1 Grove Isle Dr., #1603 Miami, FL 33133 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Self Real Estate/ PR $500.00	11/3/00	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
George Soros 888 Seventh Avenue, Suite 3200 New York, NY 10106 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Soro's Fund Managemnet Business Executive Business Executive	11/6/00	$750.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Employed	Date (month, day, year)	Amount of Each Receipt this Period
Jennifer Soros Soros Fund; 888 7th Avenue c/o Wylia Sims; 33rd floor New York, NY 10106 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Self Employed	11/5/00	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$5,250.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 28 OF 31

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress CD0345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Melissa Soros 888 Seventh Avenue, Suite 3200 New York, NY 10106 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self / Film maker / $750.00	11/3/00	$750.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert Soros 888 Seventh Avenue, Suite 3200 New York, NY 10106 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Soro's Fund Management In NY City / Business Executive / $750.00	11/3/00	$750.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Susan Soros 888 Seventh Avenue, Suite 3200 New York, NY 10106 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Bard Graduate Center / Academic Administrator / $750.00	11/6/00	$750.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Daniel Spring 4261 Alton Road Miami Beach, FL 33140 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self / Investor / $350.00	10/23/00	$100.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Alpha Stacer 1529 North Victoria Park Road Fort Lauderdale, FL 33304 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Retired / Retired / $275.00	10/23/00	$25.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Edward Swenson 2665 S. Bayshore Coconut Grove, FL 33133 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Self / Independent Counsel / $350	10/26/00	$100.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	/ / $		

SUBTOTAL of Receipts This Page (optional) $2,475.00

TOTAL This Period (last page this line number only) .....

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 29 OF 31

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Steven Swig 1834 California Street San Francisco, CA 94109 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Swig Development Company Occupation: Attorney Aggregate Year-to-Date: $1,000.00	11/10/00	$1,000.00 *
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
The Honorable Nancy Pelosi PAC to the Future 268 Bush Street San Francisco, CA 94104 Receipt For: ☐ Primary ☐ General ☒ Other (specify): X	Note: Above Contribution earmarked through this organ Occupation: Conduit total: $10,500.00 Aggregate Year-to-Date: $	11/10/00	MEMO $1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jack Taplin 13651 NW 4th Street Hollywood, FL 33028 Receipt For: ☐ Primary ☒ General ☐ Other (specify): X	Taplin Development Corp. Occupation: Business Executive Aggregate Year-to-Date: $1,000.00	11/8/00	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jacquee Teze 199 Ocean Lane Drive #1000 Key Biscayne, FL 33149 Receipt For: ☐ Primary ☒ General ☐ Other (specify): X	Occupation: Aggregate Year-to-Date: $400.00	11/6/00	$400.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Samuel Thompson 4570 Larch Drive #B-163 Harrisburg, PA 17109 Receipt For: ☐ Primary ☒ General ☐ Other (specify): X	Occupation: Aggregate Year-to-Date: $250.00	11/6/00	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael Troner 14225 SW 79th CT. Miami, FL 33158 Receipt For: ☐ Primary ☒ General ☐ Other (specify): X	Self Occupation: Physician Aggregate Year-to-Date: $150.00	10/27/00	$150.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional)	$2,800.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 30 OF 31

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mary Jean Tully 3 Sniffen Road Armonk, NY 10504 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Retired Occupation: Retired Aggregate Year-to-Date > $ $250.00	11/3/00	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Van Lindt 261 Highbrook Ave. Pelham, NY 10803 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Hialeah Park Occupation: Government Relations Consu Aggregate Year-to-Date > $ $750.00	11/3/00	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Muriel Weingrow 805 third Avenue, 15th floor New York, NY 10022 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self Occupation: Homemaker Aggregate Year-to-Date > $ $500.00	10/27/00	$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Eleanor Weinstock 525 S. Flagler Dr. #12-C West Palm Beach, FL 33401 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Retired Occupation: Retired Aggregate Year-to-Date > $ $500.00	10/26/00	$200.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jayne Weintraub 100 SE 2nd Street, St. 3550 Miami, FL 33131 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self Occupation: Attorney Aggregate Year-to-Date > $ $250.00	10/27/00	$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Weiser 3250 Mary Street Miami, FL 33133 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Carnival Resorts & Casinos Occupation: Utility Development Aggregate Year-to-Date > $ $750.00	11/3/00	$750.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$2,200.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 31 OF 31

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sherwood Welser 3250 Mary Street Miami, FL 33133 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Carnival Resorts & Casinos Occupation: Chairman, CEO Aggregate Year-to-Date: $1,000.00	11/3/00	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Harding Willinger 120 Via Del Lago Palm Beach, FL 33480 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Retired Occupation: Retired Aggregate Year-to-Date: $500.00	11/3/00	$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David Wood 12085 Banyan Road Juno Beach, FL 33408 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	David Wood Personnel Occupation: Business Executive Aggregate Year-to-Date: $750.00	11/1/00	$750.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Isaac Zelcer 9999 Collins Ave., #18K Bal Harbour, FL 33154 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Isaco Occupation: Owner Aggregate Year-to-Date: $2,000.00	10/29/00	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Leya Zelcer 9999 Collins Ave., Apt. 18K Bal Harbor, FL 33154 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self Occupation: Homemaker Aggregate Year-to-Date: $2,000.00	10/29/00	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$3,500.00
TOTAL This Period (last page this line number only)	$83,330.92

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 8

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
American Federation of Government Employees 80 F Street, N.W. Washington, DC 20001- Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ $2,000.00	10/20/00	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
American Federation of Teachers Committee of Political Education 555 New Jersey Ave., NW Washington, DC 20001 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ $10,000.00	10/31/00	$5,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Anna Eshoo for Congress 555 Capitol Mall, Suite 1425 Sacramento, CA 95814- Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ $1,000.00	10/24/00	$1,000.00 *
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
The Honorable Nancy Pelosi PAC to the Future 268 Bush Street San Francisco, CA 94104 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Note: Above Contribution earmarked through this organization Occupation Aggregate Year-to-Date > $ Combined total: $10,500.00	10/24/00	MEMO $1,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Committee for a Progressive Congress Inc. 2201 Wisconsin Ave., NW Suite 320 Washington, DC 20007- Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation Aggregate Year-to-Date > $	10/24/00	$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Committee on Political Action of the American Postal Workers Union, AFL-CIO 1300 L Street N.W. Washington, DC 20005 ☐ Primary ☐ General ☒ Other (specify):	Occupation Aggregate Year-to-Date > $	10/24/00	$5,000.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$13,000.00
TOTAL This Period (last page this line number only)	

FE5AN07SPDF

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 6

FOR LINE NUMBER 11(c)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Crowley for Congress 84-56 Grand Avenue Elmhurst, NY 11373-		10/25/00	$1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):		$1,000.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
CWA-COPE PCC 501 3rd Street NW Washington, DC 20001-		10/20/00	$2,500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):		$8,000.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
CWA-COPE PCC 501 3rd Street NW Washington, DC 20001-		11/1/00	$2,500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):		$8,000.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
DRIVE Political Fund International Brotherhood of Teamsters 25 Louisiana Ave., NW Washington, DC 20001		10/20/00	$5,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):		$10,000.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Evergreen Fund 607 Fourteenth Street, NW Washington, DC 20005-	Reimbursed Travel Expense	11/7/00	$1,370.10 *
Receipt For: ☐ Primary ☒ General ☐ Other (specify):		$3,370.10	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Friends of Lois Capps PO Box 23940 Santa Barbara, CA 93121-		11/8/00	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):		$500.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional) $12,870.10

TOTAL This Period (last page this line number only) .....

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 6

FOR LINE NUMBER 11(c)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. International Association of Fire Fighters 1750 New York Ave., NW Washington, DC 20006 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ $7,500.00	11/1/00	$3,000.00
B. International Association of Fire Fighters 1750 New York Ave., NW Washington, DC 20006 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ $7,500.00	10/23/00	$2,000.00
C. International Brotherhood of Painters and Allied Trades—Political Action Together 1750 New York Ave. NW Washington, DC 20006 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ $5,000.00	10/29/00	$2,500.00
D. International Union of Operating Engineers PAC 487 1425 NW 36 Street Miami, FL 33142 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ $4,500.00	11/6/00	$1,500.00
E. International Union of Operating Engineers PAC 487 1425 NW 36 Street Miami, FL 33142 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ $4,500.00	11/6/00	$2,500.00
F. International Union, United Automobile, Aerospace & Agricultural Implement Workers of America 1005 North Point Blvd., Suite 701 Baltimore, MD 21224- Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ $5,000.00	10/25/00	$5,000.00
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year to Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	$16,500.00
TOTAL This Period (last page this line number only)	

FEC Form 3P

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 8

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code
Ironworkers Political Action League
1750 New York Avenue, NW
Washington, DC 20006-

Receipt For: ☐ Primary ☒ General ☐ Other (specify):

Name of Employer:
Occupation:
Aggregate Year-to-Date > $ $5,000.00

Date (month, day, year): 11/2/00

Amount of Each Receipt this Period: $5,000.00

B. Full Name, Mailing Address and ZIP Code
John Tierney for Congress
P.O. Box 8013
Salem, MA 01970-

Receipt For: ☐ Primary ☒ General ☐ Other (specify):

Name of Employer:
Occupation:
Aggregate Year-to-Date > $ $500.00

Date (month, day, year): 11/8/00

Amount of Each Receipt this Period: $500.00

C. Full Name, Mailing Address and ZIP Code
Karen McCarthy for Congress
1111 Valentine Road
Kansas City, MO 64111-

Receipt For: ☐ Primary ☐ General ☐ Other (specify): X

Name of Employer:
Occupation:
Aggregate Year-to-Date > $ $1,000.00

Date (month, day, year): 11/5/00

Amount of Each Receipt this Period: $1,000.00 *

D. Full Name, Mailing Address and ZIP Code
The Honorable Steny Hoyer
1341 G Street, NW
Suite 200
Washington, DC 20005

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Note: Above Contribution earmarked through this organ
Occupation:
Aggregate Year-to-Date > $ Conduit total: $1,000.00

Date (month, day, year): 11/5/00

Amount of Each Receipt this Period: MEMO $1,000.00

E. Full Name, Mailing Address and ZIP Code
Machinists Non-Partisan Political League
9000 Machinist Place
Upper Marlboro, MD 20772-

Receipt For: ☐ Primary ☐ General ☒ Other (specify):

Name of Employer:
Occupation:
Aggregate Year-to-Date > $

Date (month, day, year): 11/6/00

Amount of Each Receipt this Period: $5,000.00

F. Full Name, Mailing Address and ZIP Code
National Committee to Preserve Social Security and Medicare
10 G Street NE, Suite 600
Washington, DC 20002

Receipt For: ☐ Primary ☐ General ☒ Other (specify):

Name of Employer:
Occupation:
Aggregate Year-to-Date > $ $7,500.00

Date (month, day, year): 10/23/00

Amount of Each Receipt this Period: $2,000.00

G. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer:
Occupation:
Aggregate Year-to-Date > $

Date (month, day, year):

Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional)	$13,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 OF 6
	FOR LINE NUMBER 11(c)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
National Jewish Democratic Council NJDC PAC PO Box 75308 Washington, DC 20013-		10/29/00	$1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	$1,232.89	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
National Jewish Democratic Council NJDC PAC PO Box 75308 Washington, DC 20013-	* In-Kind: Production & distrib	10/19/00	$232.89 *
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	$1,232.89	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
National Organization for Women PAC P.O. Box 7157 Washington, DC 20044		11/27/00	$1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	$2,000.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
National Stonewall Democratic Federation-PAC PO Box 77165 Washington, DC 20013-		10/30/00	$500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	$500.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
New Millennium PAC P.O. Box 632 Union City, NJ 07087-		10/31/00	$4,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	$6,000.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Nita Lowey for Congress P.O. Box 271 White Plains, NY 10605		10/31/00	$1,000.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date > $	$6,000.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	$500.00	

SUBTOTAL of Receipts This Page (optional)	$7,732.89
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6 OF 8

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Office and Professional Employees International Union 1650 L Street, NW Suite 801 Washington, DC 20036 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ $3,500.00	11/8/00	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
PAC For A Change 601 S. Figueroa Street 23rd Floor Los Angeles, CA 90017 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ $4,000.00	10/24/00	$2,000.00 *
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
The Honorable Nancy Pelosi PAC to the Future 268 Bush Street San Francisco, CA 94104 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Note: Above Contribution earmarked through this organ Occupation Conduit total: $10,500.00 Aggregate Year-to-Date > $	10/24/00	MEMO $2,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Saint Louisians for Better Government 721 South Central Saint Louis, MO 63105- Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation Aggregate Year-to-Date > $ $1,000.00	10/20/00	$1,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Service Employees International Union (SEIU) Political Campaign Committee 1313 L Street NW Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation Aggregate Year-to-Date > $	10/23/00	$2,500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Sierra Club Political Committee 85 Second Street, Second floor San Francisco, CA 94105-3441 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation Aggregate Year-to-Date > $	10/19/00	$1,500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$8,000.00
TOTAL This Period (last page this line number only)	

FEC Form 3P

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 7 OF 8

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Solidarity PAC 607 14th Street, NW Suite 800 Washington, DC 20005-		10/26/00	$1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):		$1,000.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Transport Workers Union of America Political Contributions Committee 80 West End Ave. New York, NY 10023		10/20/00	$1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):		$2,000.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Treasury Employees PAC 901 E Street, NW Suite 600 Washington, DC 20004-		10/23/00	$3,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): X		$3,000.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
United Association Political Education Committee United Association of Plumbers & Pipefitters 901 Massachusetts Ave., NW Washington, DC 20001		11/6/00	$4,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): X		$7,000.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
United Brotherhood of Carpenters and Joiners Carpenters' Legislative Improvement Committee 101 Constitution Ave., NW Washington, DC 20001		10/26/00	$5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): X		$7,500.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
United Food and Commercial Workers Active Ballot Club 1775 K Street NW Washington, DC 20006		10/30/00	$5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): X		$10,000.00	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$19,000.00
TOTAL This Period (last page this line number only)	

FE6AN01a(Rev.)

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Other Political Committees

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 8

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
United Mine Workers of America 8315 Lee Highway Fairfax, VA 22031-		10/26/00	$500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $ $500.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Women's Campaign Fund 734 15th Street, NW, Suite 500 Washington, DC 20005		11/8/00	$250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $ $250.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$750.00
TOTAL This Period (last page this line number only)	$91,352.99

FE5AN07RPDF

SCHEDULE A **ITEMIZED RECEIPTS**

Loans Made or Guaranteed by the Candidate

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 13(a)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Representative Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	Occupation	10/25/00	$15,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	$178,443.79	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$15,000.00
TOTAL This Period (last page this line number only)	$15,000.00

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SCHEDULE A **ITEMIZED RECEIPTS**

Offsets to Operating Expenditures

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 14

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Bell South PO Box 33009 Charlotte, NC 28243		11/14/00	$0.03
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	$426.46	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Palm Beach Post 2751 S. Dixie Highway West Palm Beach, FL 33405		11/21/00	$11.20
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	$192.04	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Palm Beach Post 2751 S. Dixie Highway West Palm Beach, FL 33405		11/21/00	$171.74
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $	$192.04	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$182.97
TOTAL This Period (last page this line number only)	$182.97

FEC Form 3P

SCHEDULE A **ITEMIZED RECEIPTS**

Other Receipts

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code City National Bank 300 71st Street Miami Beach, FL 33141 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: Interest Occupation Aggregate Year-to-Date > $ 18,933.41	Date (month, day, year): 10/31/00	Amount of Each Receipt this Period: $55.90
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	$55.90
TOTAL This Period (last page this line number only)	$55.90

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 13

FOR LINE NUMBER 17

Operating Expenditures

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Aaron Rents, Inc. 7101 Coral Way Miami, FL 33155	Furniture Rental Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/16/00	$56.89
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T Cable Services 18601 NW 2nd Ave. Miami, FL 33169	Cable Service Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/27/00	$99.33
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T Cable Services 18601 NW 2nd Ave. Miami, FL 33169	Cable Service Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/16/00	$99.33
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T Wireless Services P.O. Box 129 Newark, NJ 07101	Telephone expense Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/22/00	$382.58
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T Wireless Services P.O. Box 129 Newark, NJ 07101	telephone expense Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/31/00	$329.76
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T P.O. Box 16730 Mesa, AZ 85211	Telephone Expense Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/3/00	$157.33
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T P.O. Box 16730 Mesa, AZ 85211	Telephone Expense Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/16/00	$994.16
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Aventura Limousine Transportation Service PO Box 60-0146 Aventura, FL 33280	Transportation Service Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/16/00	$151.20
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$2,270.56
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 13

FOR LINE NUMBER 17

Operating Expenditures

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Aventura Limousine Transportation Service PO Box 80-0146 Aventura, FL 33280	Transportation Service Disbursement for: Primary [ ] General [X] Other (specify)	11/16/00	$117.30
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Aventura Limousine Transportation Service PO Box 80-0146 Aventura, FL 33280	Transportation service Disbursement for: Primary [ ] General [X] Other (specify)	10/31/00	$154.20
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell South PO Box 33009 Charlotte, NC 28243	Telephone Expense Disbursement for: Primary [ ] General [X] Other (specify)	11/16/00	$74.41
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell South PO Box 33009 Charlotte, NC 28243	Telephone expense Disbursement for: Primary [ ] General [X] Other (specify)	10/31/00	$539.24
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell South PO Box 33009 Charlotte, NC 28243	Telephone Expense Disbursement for: Primary [ ] General [X] Other (specify)	11/22/00	$575.45
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
City National Bank 300 71st Street Miami Beach, FL 33141	Service Charge Disbursement for: Primary [ ] General [X] Other (specify)	10/19/00	$20.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
City National Bank 300 71st Street Miami Beach, FL 33141	Bank Fee Disbursement for: Primary [ ] General [X] Other (specify)	11/16/00	$6.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
City National Bank 300 71st Street Miami Beach, FL 33141	Bank Fee Disbursement for: Primary [ ] General [X] Other (specify)	11/20/00	$6.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$1,492.60
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 13

FOR LINE NUMBER 17

Operating Expenditures

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committees.

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
City of Hollywood Utility Building Service 2600 Hollywood Blvd Room 103 Hollywood, FL 33020	Utilities Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/22/00	$124.44
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
City of Hollywood Utility Building Service 2600 Hollywood Blvd Room 103 Hollywood, FL 33020	Utilities Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/27/00	$85.34
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crounse, Malchow and Schleckman 1400 I Street NW, Suite 650 Washington, DC 20005	Mail expense Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/25/00	$24,733.44
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crounse, Malchow and Schlackman 1400 I Street NW, Suite 650 Washington, DC 20005	Mail Expense Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/23/00	$4,330.66
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crounse, Malchow and Schlackman 1400 I Street NW, Suite 650 Washington, DC 20005	Automated Calls Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/19/00	$6,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democrats.com 500 East 77th Street Apt. 1423	credit card fee Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/13/00	$11.25
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democrats.com 500 East 77th Street Apt. 1423	Credit card fee Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/27/00	$2.25
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democrats.com 500 East 77th Street Apt. 1423	credit card fee Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/5/00	$250.19
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$35,537.59
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 13

FOR LINE NUMBER 17

Operating Expenditures

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Effective Strategies, 426 North Saint Asaph Street, Alexandria, VA 22314	Reimbursable expense	Primary [ ] General [X] Other (specify) [ ]	11/4/00	$762.00
B. Effective Strategies, 426 North Saint Asaph Street, Alexandria, VA 22314	Reimbursable expense	Primary [ ] General [X] Other (specify) [ ]	11/3/00	$612.00
C. EMILY's List, 805 15th Street, NW, Suite 400, Washington, DC 20005	Credit card fee	Primary [ ] General [X] Other (specify) [ ]	10/22/00	$2.63
D. EMILY's List, 805 15th Street, NW, Suite 400, Washington, DC 20005	Credit Card Fee	Primary [ ] General [X] Other (specify) [ ]	10/29/00	$15.41
E. EMILY's List, 805 15th Street, NW, Suite 400, Washington, DC 20005	Credit Card Fee	Primary [ ] General [X] Other (specify) [ ]	11/3/00	$8.93
F. EMILY's List, 805 15th Street, NW, Suite 400, Washington, DC 20005	Credit Card fee	Primary [ ] General [X] Other (specify) [ ]	11/5/00	$7.42
G. Evergreen Fund, 607 Fourteenth Street, NW, Washington, DC 20005-	Travel Expense	Primary [ ] General [X] Other (specify) [ ]	11/7/00	$1,370.10 *
H. Florida Power & Light Company, P.O. Box 025576, Miami, FL 33102	Utilities	Primary [ ] General [X] Other (specify) [ ]	10/27/00	$214.88
I.		Primary [ ] General [ ] Other (specify) [ ]		

* in-Kind

SUBTOTAL of Disbursements This Page (optional) $2,993.37

TOTAL This Period (last page this line number only) ....

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5 OF 13

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00245405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hamilton Beattie & Staff 308 1/2 Center Street Fernandina Beach, FL 32034	Polling expense Disbursement for: Primary [ ] General [X] Other (specify)	11/3/00	$4,125.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Hamilton Beattie & Staff 308 1/2 Center Street Fernandina Beach, FL 32034	Polling expense Disbursement for: Primary [ ] General [X] Other (specify)	11/1/00	$4,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Internal Revenue Service Atlanta, 39901	Payroll Taxes Disbursement for: Primary [ ] General [X] Other (specify)	11/13/00	$1,838.76
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Internal Revenue Service Atlanta, 39901	Payroll taxes Disbursement for: Primary [ ] General [X] Other (specify)	11/3/00	$1,169.38
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
MBNA America P.O. Box 15137 Wilmington, DE 19886	Credit card payment Disbursement for: Primary [ ] General [X] Other (specify)	10/27/00	$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
MBNA America P.O. Box 15137 Wilmington, DE 19886	Credit card payment Disbursement for: Primary [ ] General [X] Other (specify)	11/1/00	$1,423.55
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
MoveOn.Org P.O. Box 9063 Berkeley, CA 94709-	Credit Card Fees Disbursement for: Primary [ ] General [X] Other (specify)	11/16/00	$51.39
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mr. Dan Howells 5644 Westliland Chicago, IL 60630	Election Day Expense Disbursement for: Primary [ ] General [X] Other (specify)	11/10/00	$500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) $14,108.08

TOTAL This Period (last page this line number only) .....

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6 OF 13

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Mr. Dan Howells 5644 Westlifand Chicago, IL 60630	Reimbursable expense Disbursement for: Primary [ ] General [X] Other (specify)	10/24/00	$1,500.00
B. Mr. Frank Wolland 12865 West Dixie Highway North Miami, FL 33161	event Expense Disbursement for: Primary [ ] General [X] Other (specify)	11/2/00	$475.00
C. Mr. James Maynor 10162 Dasheen Ave Palm Bch Gdns, FL 33410	Event Costs Disbursement for: Primary [ ] General [X] Other (specify)	10/30/00	$270.67 *
D. Mr. Jeffrey Garcia 1407 Ferdinand Street Coral Gables, FL 33134	Payroll Expense Disbursement for: Primary [ ] General [X] Other (specify)	11/13/00	$3,473.50
E. Mr. Jeffrey Garcia 1407 Ferdinand Street Coral Gables, FL 33134	Payroll Disbursement for: Primary [ ] General [X] Other (specify)	11/1/00	$1,736.75
F. Mr. Jeffrey Garcia 1407 Ferdinand Street Coral Gables, FL 33134	Reimbursable expense Disbursement for: Primary [ ] General [X] Other (specify)	11/3/00	$416.00
G. Mr. Jeffrey Garcia 1407 Ferdinand Street Coral Gables, FL 33134	Reimbursable expense Disbursement for: Primary [ ] General [X] Other (specify)	11/3/00	$245.00
H. Mr. Jeffrey Garcia 1407 Ferdinand Street Coral Gables, FL 33134	Reimbursable expense Disbursement for: Primary [ ] General [X] Other (specify)	11/4/00	$626.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			$8,944.92
TOTAL This Period (last page this line number only)			

* in-kind received

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 7 OF 13

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Joel Rosenthal Courthouse Express Couriers, Inc. 19 West Flagler Street Miami, FL 33130	Courier Service Disbursement for: Primary X General Other (specify)	11/7/00	$475.75 * * In-kind received
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Joel Rosenthal Courthouse Express Couriers, Inc. 19 West Flagler Street Miami, FL 33130	Courier Services Disbursement for: Primary X General Other (specify)	10/19/00	$134.50 * * In-kind received
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Jon Hutchins Media Strategies and Research 445 Union Blvd. Lakewood, CO 80228	Media Buy Disbursement for: Primary X General Other (specify)	10/29/00	$40,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Jon Hutchins Media Strategies and Research 445 Union Blvd. Lakewood, CO 80228	Media Buy Disbursement for: Primary X General Other (specify)	10/23/00	$60,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Michael Rapp Information Requested	Election Day Expense Disbursement for: Primary X General Other (specify)	11/6/00	$50.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Michael Rapp Information Requested	Election Day Expense Disbursement for: Primary X General Other (specify)	11/6/00	$300.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Tom Erickson Erickson & Company 38 Ivy Street, SE	Expenses Disbursement for: Primary X General Other (specify)	11/22/00	$41.40
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Tom Erickson Erickson & Company 38 Ivy Street, SE	Consulting fees Disbursement for: Primary X General Other (specify)	11/1/00	$2,028.79
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$123,030.44
TOTAL This Period (last page this line number only)	

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SCHEDULE B — ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 13

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Amy M. Andryszak 7806 Golden Pine Circle Severn, MD 21144	Payroll Expense Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/13/00	$1,185.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Amy M. Andryszak 7806 Golden Pine Circle Severn, MD 21144	Reimbursable expense Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/31/00	$663.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Amy M. Andryszak 7806 Golden Pine Circle Severn, MD 21144	Reimbursable expense Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/4/00	$720.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Amy M. Andryszak 7806 Golden Pine Circle Severn, MD 21144	Reimbursable expense Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/13/00	$883.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Amy M. Andryszak 7806 Golden Pine Circle Severn, MD 21144	Reimbursable expense Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/3/00	$462.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Amy M. Andryszak 7806 Golden Pine Circle Severn, MD 21144	Payroll Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/31/00	$592.50
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Amy Schwartz 6 Gartley Drive Newtown Square, PA 19073	Reimbursable expense Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/8/00	$315.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Angeles Belion 9760 SW 74th Street Miami, FL 33173	Data Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/31/00	$532.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$5,172.50
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 9 OF 13

FOR LINE NUMBER 17

Operating Expenditures

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Angeles Bellon 9760 SW 74th Street Miami, FL 33173	Data Services Disbursement for: Primary X General Other (specify)	11/16/00	$508.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ms. Angeles Bellon 9760 SW 74th Street Miami, FL 33173	Data Services Disbursement for: Primary X General Other (specify)	11/22/00	$45.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ms. Crystal Woodman 1820 N. 48th Avenue Hollywood, FL 33021	Production expense Disbursement for: Primary X General Other (specify)	10/19/00	$250.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ms. Linda O'Dell 643 1/2 Acker Street Washington, DC 20002	Election Day Expense Disbursement for: Primary X General Other (specify)	11/10/00	$500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ms. Linda O'Dell 643 1/2 Acker Street Washington, DC 20002	Re-imbursable Expense Disbursement for: Primary X General Other (specify)	11/13/00	$161.40
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ms. Linda O'Dell 643 1/2 Acker Street Washington, DC 20002	Re-imbursable Expense Disbursement for: Primary X General Other (specify)	11/16/00	$53.50
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ms. Pamela Zwick 3655 NW 35th Street Pompano Beach, FL 33066	Production expense Disbursement for: Primary X General Other (specify)	10/24/00	$250.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ms. Pamela Zwick 3655 NW 35th Street Pompano Beach, FL 33066	Production expense Disbursement for: Primary X General Other (specify)	10/27/00	$250.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$2,017.90
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 10 OF 13

FOR LINE NUMBER 17

Operating Expenditures

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Murphy Putnam Media 901 North Washington Street, Suite 500 Alexandria, VA 22314	Media Services Primary ___ General X ___ Other (specify)	11/3/00	$15,000.00
Murphy Putnam Media 901 North Washington Street, Suite 500 Alexandria, VA 22314	Media Services Primary ___ General X ___ Other (specify)	11/1/00	$3,000.00
Murphy Putnam Media 901 North Washington Street, Suite 500 Alexandria, VA 22314	Media services Primary ___ General X ___ Other (specify)	10/31/00	$5,000.00
Murphy Putnam Media 901 North Washington Street, Suite 500 Alexandria, VA 22314	Media Services Primary ___ General ___ Other (specify) X	11/1/00	$6,000.00
Nation's Bank 1501 Pennsylvania Ave. NW Washington, DC 20005	Bank Fee Primary ___ General ___ Other (specify) X	10/31/00	$11.75
Nation's Bank 1501 Pennsylvania Ave. NW Washington, DC 20005	Bank Fee Primary ___ General ___ Other (specify) X	10/31/00	$0.94
National Jewish Democratic Council NJDC PAC PO Box 75308	Production & distribution of ma Primary ___ General ___ Other (specify) X	10/19/00	$232.89 *
Petty Cash 1922 Tyler Street Hollywood, FL 33020	Petty Cash Primary ___ General ___ Other (specify) X	10/27/00	$100.00
	Primary ___ General ___ Other (specify)		

* In-kind contributed Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) $29,345.58

TOTAL This Period (last page this line number only) .....

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 11 OF 13

FOR LINE NUMBER: 17

Operating Expenditures

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Precision Copier Service, Inc. 5623 NW 74th Ave. Miami, FL 33166	Copier Service Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/3/00	$63.40
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Precision Copier Service, Inc. 5623 NW 74th Ave. Miami, FL 33166	Copier Service Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/20/00	$159.76
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Premiere Technologies, Inc. One Industrial Way West, Bldg. D Eatontown, NJ 07724	Blast fax service Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/27/00	$803.81
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Premiere Technologies, Inc. One Industrial Way West, Bldg. D Eatontown, NJ 07724	Blast fax services Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/22/00	$1,636.13
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Strategic Consulting Group 4318 N. Elston Ave. Chicago, IL 60641	Automated Calls Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/28/00	$2,315.09
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Terrace by the Sea 2203 S. Ocean Drive Hollywood, FL 33020	Event Expense Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/1/00	$400.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Tyson Organization 1000 Macon Street, Suite 300 Fort Worth, TX 76102	Phone program Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/8/00	$11,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Union Printing 2321 Pembroke Road Hollywood, FL 33020	Printing expense Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	10/31/00	$1,500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$17,880.19
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 12 OF 13

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Union Printing 2321 Pembroke Road Hollywood, FL 33020	Printing expense Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/13/00	$2,904.40
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Union Printing 2321 Pembroke Road Hollywood, FL 33020	Printing expense Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/3/00	$37.10
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Union Printing 2321 Pembroke Road Hollywood, FL 33020	Printing expense Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/1/00	$1,168.16
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5820	Shipping Services Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	11/27/00	$14.43
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5820	Shipping Services Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	11/27/00	$106.10
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5820	Shipping services Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	11/16/00	$102.90
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5820	Shipping services Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	11/16/00	$97.97
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5820	Shipping services Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	11/3/00	$116.94
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$4,566.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 13 OF 13

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5820	Shipping services Disbursement for: Primary [ ] General [X] Other (specify)	10/31/00	$62.94
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5820	Shipping services Disbursement for: Primary [ ] General [X] Other (specify)	10/31/00	$117.95
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United States Postal Service Hollywood Branch Hollywood, FL 33020	Postage Disbursement for: Primary [ ] General [X] Other (specify)	11/21/00	$495.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United States Postal Service Hollywood Branch Hollywood, FL 33020	Postage expense Disbursement for: Primary [ ] General [X] Other (specify)	10/25/00	$132.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United States Postal Service Hollywood Branch Hollywood, FL 33020	Postage expense Disbursement for: Primary [ ] General [X] Other (specify)	10/19/00	$495.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MBNA America P.O. Box 15137 Wilmington, DE 19886	Credit card payment Disbursement for: Primary [ ] General [X] Other (specify)	11/16/00	$436.96
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$1,739.85
TOTAL This Period (last page this line number only)	$249,101.60

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 20(a)

Refunds of Contributions to Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Alan B. Heilig 1800 NE 114 Street, Apt. 806 Miami, FL 33181	Refund Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/3/00	$750.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ms. Rosie O'Donnell 500 Lake Street, Suite D Ramsey, NJ 07446	Refund Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/3/00	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$1,750.00
TOTAL This Period (last page this line number only)	$1,750.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 21

Other Disbursements

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BUFC Financial Services, Inc. 7815 N.W. 148th Street Hialeah, FL 33016	Refund of contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	11/27/00	$2,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$2,000.00
TOTAL This Period (last page this line number only)	$2,000.00

FEC FORM 3P

SCHEDULE C
(Revised 3/90)

LOANS

Page 1 of 5 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Loans owed by the Committee

Name of Committee (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Representative Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	$15,000.00	$0.00	$15,000.00

Election: ☐ Primary ☒ General ☐ Other (specify):

Terms: Date Incurred 10/25/00 Date Due 1/1/01 Interest Rate ____% (apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding
Personal Money	$
2. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding $
3. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding $

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred ____ Date Due ____ Interest Rate ____% (apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding $
2. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding $
3. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding $

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 5, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC/Form3P

SCHEDULE C
(Revised 3/90)

LOANS

Page 2 of 5 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Loans owed by the Committee

Name of Committee (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Representative Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	$160,000.00	$0.00	$160,000.00

Election: ☐ Primary ☒ General ☐ Other (specify):

Terms: Date Incurred 9/15/00 Date Due 11/1/01 Interest Rate 0 %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding
Personal Money	$
2. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding: $
3. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding: $

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding: $
2. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding: $
3. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding: $

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 5, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC/6/95/PDF

SCHEDULE C
(Revised 2/92)

LOANS

Page 3 of 5 for
LINE NUMBER 10
(Use separate schedule for each numbered line)

Loans owed by the Committee

Name of Committee (in Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Representative Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	$5,100.00	$0.00	$5,100.00

Election: ☒ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred 6/30/99 Date Due 4/4/04 Interest Rate 0 %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding
Personal Money	$
2. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding: $
3. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding: $

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding: $
2. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding: $
3. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding: $

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	

Carry outstanding balances only to LINE 8, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC/FORM/SP

SCHEDULE C
(Revised 5/80)

LOANS

Loans owed by the Committee

Name of Committee (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Representative Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	$98,000.00	$0.00	98,000.00

Election: ☑ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred 6/30/99 Date Due 1/1/04 Interest Rate 0 %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding
Personal Money	$
2. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding: $
3. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding: $

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding: $
2. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding: $
3. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding: $

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 5, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC/SCHC.PDF

SCHEDULE C
(Revised 3/90)

LOANS

Page 5 of 5 for
LINE NUMBER 10
(Use separate schedule for each numbered line)

Loans owed by the Committee

Name of Committee (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Representative Elaine Bloom 5255 Collins Avenue Miami Beach, FL 33140	$4,000.00	$0.00	$4,000.00

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred 6/4/99 Date Due 1/1/01 Interest Rate 0 %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding
Personal Money	$0
2. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding
	$
3. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding
	$0

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding
	$
2. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding
	$
3. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Amount Guaranteed Outstanding
	$

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	$280,100.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC FORM 3P

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 12-7-00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER	DATE PREPARED 12-7-00

(6/2000)